

**APPLICATION FOR PETITION TO QUALIFY
A POLITICAL PARTY IN THE STATE OF HAWAII
FOR ELECTION BALLOT PURPOSES**

PLEASE TYPE OR PRINT ALL INFORMATION

Party Name: _____

Election Year: _____

Name of Contact Person: _____

Address: _____

City/State/Zip Code: _____

Telephone No.(s): _____

(Residence)

(Business)

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

PETITION FORMS ISSUED:

[illegible]

PETITION FORMS RECEIVED:

[illegible]

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FOR OFFICE USE ONLY

PETITION FORMS FILED:

With OE Staff Member	From Party Representative	Party Rep. Initials	Sets Filed	Date & Time Filed

NAMES/ADDRESSES OF OFFICERS FILED:

With OE Staff Member	From Party Representative	Party Rep. Initials	Date Filed	Time Filed

PARTY RULES FILED:

With OE Staff Member	From Party Representative	Party Rep. Initials	Date Filed	Time Filed

AMENDMENTS TO PARTY RULES FILED:

With OE Staff Member	From Party Representative	Party Rep. Initials	Date Filed	Time Filed

COMMENTS:

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[illegible]